

Customer No. 000959

Case Docket No. MRI-022

THE COMMISSIONER FOR PATENTS
Box Patent Application
Washington, D.C. 20231

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Date of Deposit November 8, 2001

I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Signature

William J. McKinney

Please Print Name of Person Signing

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): James Lillie; Gordon Mills; John Lee

For: COMPOSITIONS, KITS, AND METHODS FOR IDENTIFICATION, ASSESSMENT, PREVENTION,
AND THERAPY OF OVARIAN CANCER

Enclosed are:

- ☒ 76 pages of specification, 1 pages of claims, 1 pages of abstract.
- ☒ Table 1 (27 sheets).
- ☒ Table 2 (9 sheets).
- ☒ An unexecuted Declaration, Petition and Power of Attorney (5 pages).
- ☐ An assignment of the invention to _____ A recordation form cover sheet (Form PTO 1595) is also enclosed.
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Application Data Sheet (3 pages).
- ☒ Other return postcard _____

The filing fee has been calculated as shown below:

| | (Col. 1) | (Col. 2) |
|--|----------------------|----------------------|
| FOR: | NO. FILED | NO. EXTRA |
| BASIC FEE | //////////////////// | //////////////////// |
| TOTAL CLAIMS | 8 - 20 | = 0 |
| INDEP. CLAIMS | 1 - 3 | = 0 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED | | |

* If the difference in Col. 2 is less than zero,
enter "0" in Col. 2.

| SMALL ENTITY | |
|--------------|-----|
| RATE | FEE |
| //////// | \$ |
| x 9= | \$ |
| x 42 | \$ |
| +140 | \$ |
| TOTAL | 0 |

| OTHER THAN SMALL ENTITY | |
|----------------------------|----------|
| RATE | FEE |
| //////// | \$ 740 |
| x 18= | \$ 0 |
| x 84 | \$ 0 |
| +280 | \$ |
| TOTAL | \$740.00 |

- ☐ Please charge my Deposit Account No. 12-0080 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$740.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080.
A duplicate copy of this sheet is enclosed.

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FOR FILING IN THE U.S. PATENT OFFICE

- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
☒ Any patent application processing fees under 37 C.F.R. 1.17.

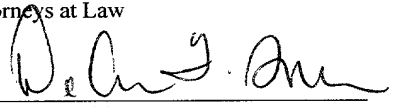
☐ A check in the amount of \$ _____ to cover the recording of assignment documents is also enclosed.

☒ Address all future communications (May only be completed by applicant, or attorney or agent of record) to DeAnn F. Smith, Esq. at **Customer Number: 000959** whose address is:

Lahive & Cockfield, LLP
28 State Street
Boston, Massachusetts 02109

Date: November 8, 2001

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